

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049521

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12299

FILED DEC 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

14 Washington Terrace

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

14 Washington Terrace

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Arthur

R.

Hickman

4. DATE
OF
DEATH

Month

Day

Year

December 11, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-28-1894

9. AGE (last birthday)

69

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PARTNER - GUY RUMPE MACH & EQUIPMENT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANKLIN M. HICKMAN

13b. MOTHER'S MAIDEN NAME

JENNIE BELT

14. NAME OF HUSBAND OR WIFE

Mary Jane HICKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES W.W.I. NAVY

17. INFORMANT

Address SANTA BARBARA CALIF.

MRS THOMAS W. SCHNEIDER 1192 E. MOUNTAIN DR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

DUE TO (b)

DUE TO (c)

422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arterio Sclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

about 12 noon

and last saw her alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Karl Turner MD

22b. ADDRESS

2 North Euclid

22c. DATE SIGNED

DEC 11 - 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

12 - 13 - 1963

23c. NAME OF CEMETERY OR CREMATORY

OAK GROVE CREMATORY

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel Inc. 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

DEC 12 1963

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Have
City Coroner
or Certificate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Don K. Muschany Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

No Embalming

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.